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1 A bill to be entitled
2 An act relating to a comprehensive health information
3 system; amending s. 408.05, F.S.; renaming the Florida
4 Center for Health Information and Policy Analysis as
5 the Florida Health Information Transparency
6 Initiative; providing a statement of purpose for the
7 initiative; providing the duties of the Agency for
8 Health Care Administration; revising the data and
9 information required to be included in the health
10 information system; revising the functions that the
11 agency must perform in order to collect and
12 disseminate health information and statistics;
13 deleting provisions that require the center to provide
14 technical assistance to persons and organizations
15 engaged in health planning activities; deleting
16 provisions that require the center to provide
17 widespread dissemination of data; requiring the agency
18 to implement the transparency initiative in a manner
19 that recognizes state-collected data as an asset and
20 rewards taxpayer investment in information collection
21 and management; authorizing the agency to apply for,
22 receive, and accept grants, gifts, and other payments,
23 including property and services, from a governmental
24 or other public or private entity or person; requiring
25 the agency to ensure that certain vendors do not
26 inhibit or impede consumer access to state-collected
27 health data and information; abolishing the State
28 Consumer Health Information and Policy Advisory

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29 Council; amending ss. 381.026, 395.301, 465.0244,
30 627.6499, and 641.54, F.S.; conforming provisions to
31 changes made by the act; providing an effective date.
32
33
34 Be It Enacted by the Legislature of the State of Florida:
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36 Section 1. Section 408.05, Florida Statutes, is amended to
37 read:
38 408.05 Florida ~~Center for Health Information Transparency~~
39 Initiative and Policy Analysis.—
40 (1) PURPOSE ESTABLISHMENT.—The agency shall coordinate
41 establish a Florida Center for Health Information and Policy
42 Analysis. The ~~center~~ shall establish a comprehensive health
43 information system to promote accessibility, transparency, and
44 utility of state-collected data and information about health
45 providers, facilities, services, and payment sources provide for
46 the collection, compilation, coordination, analysis, indexing,
47 dissemination, and utilization of both purposefully collected
48 and extant health-related data and statistics. The ~~agency center~~
49 shall be responsible for making data available in a manner that
50 allows for and encourages multiple and innovative uses of data
51 sets collected under the auspices of the state. Subject to the
52 General Appropriations Act, the agency shall contract with one
53 or more vendors to develop new methods of dissemination and to
54 convert data into easily usable electronic formats staffed with
55 public health experts, biostatisticians, information system
56 analysts, health policy experts, economists, and other staff

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57 necessary to carry out its functions.

58 (2) HEALTH-RELATED DATA.—The comprehensive health
59 information system operated by the Florida Center for Health
60 Information and Policy Analysis shall include the following data
61 and information identify the best available data sources and
62 coordinate the compilation of extant health-related data and
63 statistics and purposefully collect data on:

64 (a) The extent and nature of illness and disability of the
65 state population, including life expectancy, the incidence of
66 various acute and chronic illnesses, and infant and maternal
67 morbidity and mortality.

68 (b) The impact of illness and disability of the state
69 population on the state economy and on other aspects of the
70 well-being of the people in this state.

71 (c) Environmental, social, and other health hazards.

72 (d) Health knowledge and practices of the people in this
73 state and determinants of health and nutritional practices and
74 status.

75 (e) Health resources, including licensed physicians,
76 dentists, nurses, and other health professionals, licensed by
77 specialty and type of practice and acute, long term care and
78 other institutional care facility supplies and specific services
79 provided by hospitals, nursing homes, home health agencies, and
80 other health care facilities, managed care organizations, and
81 other health services regulated or funded by the state.

82 (f) Utilization of health resources care by type of
83 provider.

84 (g) Health care costs and financing, including Medicaid

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85 claims and encounter data and data from other public and private
86 payors ~~trends in health care prices and costs, the sources of~~
87 ~~payment for health care services, and federal, state, and local~~
88 ~~expenditures for health care.~~

89 (h) ~~Family formation, growth, and dissolution.~~

90 (d) ~~(i)~~ The extent, source, and type of public and private
91 health insurance coverage in this state.

92 (e) ~~(j)~~ The data necessary for measuring value and quality
93 of care provided by various health care providers, including
94 applicable credentials, accreditation status, utilization,
95 revenues and expenses, outcomes, site visits, and other
96 regulatory reports, and the results of administrative and civil
97 litigation.

98 (3) COORDINATION COMPREHENSIVE HEALTH INFORMATION SYSTEM.—
99 In order to collect and disseminate comprehensive produce
100 comparable and uniform health information and statistics for the
101 public as well as for development of policy recommendations, the
102 agency shall perform the following functions:

103 (a) Collect and compile data from all state agencies and
104 programs involved in providing, regulating, and paying for
105 health services ~~Coordinate the activities of state agencies~~
106 ~~involved in the design and implementation of the comprehensive~~
107 ~~health information system.~~

108 (b) Promote data sharing through the Undertake research,
109 development, dissemination, and evaluation of state-collected
110 health data and by making such data available, transferable, and
111 readily useable respecting the comprehensive health information
112 system.

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113 (e) ~~Review the statistical activities of state agencies to ensure that they are consistent with the comprehensive health information system.~~

114 (c)-(d) ~~Develop written agreements with local, state, and federal agencies for the sharing of health-care-related data or using the facilities and services of such agencies. State agencies, local health councils, and other agencies under state contract shall assist the agency center in obtaining, compiling, and transferring health-care-related data maintained by state and local agencies. Written agreements must specify the types, methods, and periodicity of data exchanges and specify the types of data that will be transferred to the center.~~

125 (d)-(e) ~~Enable and facilitate the sharing and use of all state-collected health data to the maximum extent allowed by law. Establish by rule the types of data collected, compiled, processed, used, or shared. Decisions regarding center data sets should be made based on consultation with the State Consumer Health Information and Policy Advisory Council and other public and private users regarding the types of data which should be collected and their uses. The center shall establish standardized means for collecting health information and statistics under laws and rules administered by the agency.~~

135 (f) ~~Establish minimum health-care-related data sets which are necessary on a continuing basis to fulfill the collection requirements of the center and which shall be used by state agencies in collecting and compiling health care related data. The agency shall periodically review ongoing health care data collections of the Department of Health and other state agencies~~

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141 to determine if the collections are being conducted in
142 accordance with the established minimum sets of data.

143 (g) Establish advisory standards to ensure the quality of
144 health statistical and epidemiological data collection,
145 processing, and analysis by local, state, and private
146 organizations.

147 (e)(h) Monitor data collection procedures, test data
148 quality, and take such corrective actions as may be necessary to
149 ensure that data and information disseminated under the
150 initiative are accurate, valid, reliable, and complete Prescribe
151 standards for the publication of health care related data
152 reported pursuant to this section which ensure the reporting of
153 accurate, valid, reliable, complete, and comparable data. Such
154 standards should include advisory warnings to users of the data
155 regarding the status and quality of any data reported by or
156 available from the center.

157 (f)(i) Initiate and maintain activities necessary to
158 collect, edit, verify, archive, and retrieve Prescribe standards
159 for the maintenance and preservation of the center's data. This
160 should include methods for archiving data, retrieval of archived
161 data, and data compiled pursuant to this section editing and
162 verification.

163 (j) Ensure that strict quality control measures are
164 maintained for the dissemination of data through publications,
165 studies, or user requests.

166 (k) Develop, in conjunction with the State Consumer Health
167 Information and Policy Advisory Council, and implement a long-
168 range plan for making available health care quality measures and

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169 financial data that will allow consumers to compare health care
170 services. The health care quality measures and financial data
171 the agency must make available shall include, but is not limited
172 to, pharmaceuticals, physicians, health care facilities, and
173 health plans and managed care entities. The agency shall update
174 the plan and report on the status of its implementation
175 annually. The agency shall also make the plan and status report
176 available to the public on its Internet website. As part of the
177 plan, the agency shall identify the process and timeframes for
178 implementation, any barriers to implementation, and
179 recommendations of changes in the law that may be enacted by the
180 Legislature to eliminate the barriers. As preliminary elements
181 of the plan, the agency shall:

182 1. Make available patient safety indicators, inpatient
183 quality indicators, and performance outcome and patient charge
184 data collected from health care facilities pursuant to s.
185 408.061(1)(a) and (2). The terms "patient safety indicators" and
186 "inpatient quality indicators" shall be as defined by the
187 Centers for Medicare and Medicaid Services, the National Quality
188 Forum, the Joint Commission on Accreditation of Healthcare
189 Organizations, the Agency for Healthcare Research and Quality,
190 the Centers for Disease Control and Prevention, or a similar
191 national entity that establishes standards to measure the
192 performance of health care providers, or by other states. The
193 agency shall determine which conditions, procedures, health care
194 quality measures, and patient charge data to disclose based upon
195 input from the council. When determining which conditions and
196 procedures are to be disclosed, the council and the agency shall

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197 consider variation in costs, variation in outcomes, and
198 magnitude of variations and other relevant information. When
199 determining which health care quality measures to disclose, the
200 agency:

201 a. Shall consider such factors as volume of cases; average
202 patient charges; average length of stay; complication rates;
203 mortality rates; and infection rates, among others, which shall
204 be adjusted for case mix and severity, if applicable.

205 b. May consider such additional measures that are adopted
206 by the Centers for Medicare and Medicaid Studies, National
207 Quality Forum, the Joint Commission on Accreditation of
208 Healthcare Organizations, the Agency for Healthcare Research and
209 Quality, Centers for Disease Control and Prevention, or a
210 similar national entity that establishes standards to measure
211 the performance of health care providers, or by other states.

212
213 When determining which patient charge data to disclose, the
214 agency shall include such measures as the average of
215 undiscounted charges on frequently performed procedures and
216 preventive diagnostic procedures, the range of procedure charges
217 from highest to lowest, average net revenue per adjusted patient
218 day, average cost per adjusted patient day, and average cost per
219 admission, among others.

220 2. Make available performance measures, benefit design,
221 and premium cost data from health plans licensed pursuant to
222 chapter 627 or chapter 641. The agency shall determine which
223 health care quality measures and member and subscriber cost data
224 to disclose, based upon input from the council. When determining

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225 which data to disclose, the agency shall consider information
226 that may be required by either individual or group purchasers to
227 assess the value of the product, which may include membership
228 satisfaction, quality of care, current enrollment or membership,
229 coverage areas, accreditation status, premium costs, plan costs,
230 premium increases, range of benefits, copayments and
231 deductibles, accuracy and speed of claims payment, credentials
232 of physicians, number of providers, names of network providers,
233 and hospitals in the network. Health plans shall make available
234 to the agency any such data or information that is not currently
235 reported to the agency or the office.

236 3. Determine the method and format for public disclosure
237 of data reported pursuant to this paragraph. The agency shall
238 make its determination based upon input from the State Consumer
239 Health Information and Policy Advisory Council. At a minimum,
240 the data shall be made available on the agency's Internet
241 website in a manner that allows consumers to conduct an
242 interactive search that allows them to view and compare the
243 information for specific providers. The website must include
244 such additional information as is determined necessary to ensure
245 that the website enhances informed decisionmaking among
246 consumers and health care purchasers, which shall include, at a
247 minimum, appropriate guidance on how to use the data and an
248 explanation of why the data may vary from provider to provider.

249 4. Publish on its website undiscounted charges for no
250 fewer than 150 of the most commonly performed adult and
251 pediatric procedures, including outpatient, inpatient,
252 diagnostic, and preventative procedures.

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- 253 (4) TECHNICAL ASSISTANCE.
- 254 (a) ~~The center shall provide technical assistance to persons or organizations engaged in health planning activities in the effective use of statistics collected and compiled by the center. The center shall also provide the following additional technical assistance services:~~
- 255 1. ~~Establish procedures identifying the circumstances under which, the places at which, the persons from whom, and the methods by which a person may secure data from the center, including procedures governing requests, the ordering of requests, timeframes for handling requests, and other procedures necessary to facilitate the use of the center's data. To the extent possible, the center should provide current data timely in response to requests from public or private agencies.~~
- 256 2. ~~Provide assistance to data sources and users in the areas of database design, survey design, sampling procedures, statistical interpretation, and data access to promote improved health care related data sets.~~
- 257 3. ~~Identify health care data gaps and provide technical assistance to other public or private organizations for meeting documented health care data needs.~~
- 258 4. ~~Assist other organizations in developing statistical abstracts of their data sets that could be used by the center.~~
- 259 5. ~~Provide statistical support to state agencies with regard to the use of databases maintained by the center.~~
- 260 6. ~~To the extent possible, respond to multiple requests for information not currently collected by the center or available from other sources by initiating data collection.~~

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281 7. ~~Maintain detailed information on data maintained by other local, state, federal, and private agencies in order to advise those who use the center of potential sources of data which are requested but which are not available from the center.~~

285 8. ~~Respond to requests for data which are not available in published form by initiating special computer runs on data sets available to the center.~~

288 9. ~~Monitor innovations in health information technology, informatics, and the exchange of health information and maintain a repository of technical resources to support the development of a health information network.~~

292 (b) ~~The agency shall administer, manage, and monitor grants to not for profit organizations, regional health information organizations, public health departments, or state agencies that submit proposals for planning, implementation, or training projects to advance the development of a health information network. Any grant contract shall be evaluated to ensure the effective outcome of the health information project.~~

299 (c) ~~The agency shall initiate, oversee, manage, and evaluate the integration of health care data from each state agency that collects, stores, and reports on health care issues and make that data available to any health care practitioner through a state health information network.~~

304 (5) ~~PUBLICATIONS; REPORTS; SPECIAL STUDIES.~~ The center shall provide for the widespread dissemination of data which it collects and analyzes. The center shall have the following publication, reporting, and special study functions:

308 (a) ~~The center shall publish and make available~~

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309 ~~periodically to agencies and individuals health statistics publications of general interest, including health plan consumer reports and health maintenance organization member satisfaction surveys; publications providing health statistics on topical health policy issues; publications that provide health status profiles of the people in this state; and other topical health statistics publications.~~

316 ~~(b) The center shall publish, make available, and disseminate, promptly and as widely as practicable, the results of special health surveys, health care research, and health care evaluations conducted or supported under this section. Any publication by the center must include a statement of the limitations on the quality, accuracy, and completeness of the data.~~

323 ~~(c) The center shall provide indexing, abstracting, translation, publication, and other services leading to a more effective and timely dissemination of health care statistics.~~

326 ~~(d) The center shall be responsible for publishing and disseminating an annual report on the center's activities.~~

328 ~~(e) The center shall be responsible, to the extent resources are available, for conducting a variety of special studies and surveys to expand the health care information and statistics available for health policy analyses, particularly for the review of public policy issues. The center shall develop a process by which users of the center's data are periodically surveyed regarding critical data needs and the results of the survey considered in determining which special surveys or studies will be conducted. The center shall select problems in~~

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337 ~~health care for research, policy analyses, or special data~~
338 ~~collections on the basis of their local, regional, or state~~
339 ~~importance; the unique potential for definitive research on the~~
340 ~~problem; and opportunities for application of the study~~
341 ~~findings.~~

342 (4) ~~(6)~~ PROVIDER DATA REPORTING.—This section does not
343 confer on the agency the power to demand or require that a
344 health care provider or professional furnish information,
345 records of interviews, written reports, statements, notes,
346 memoranda, or data other than as expressly required by law.

347 (5) ~~(7)~~ HEALTH INFORMATION ENTERPRISE BUDGET; FEES.—

348 (a) ~~The agency shall implement the transparency initiative~~
349 ~~in a manner that recognizes state-collected data as an asset and~~
350 ~~rewards taxpayer investment in information collection and~~
351 ~~management~~ ~~Legislature intends that funding for the Florida~~
352 ~~Center for Health Information and Policy Analysis be~~
353 ~~appropriated from the General Revenue Fund.~~

354 (b) ~~The agency Florida Center for Health Information and~~
355 ~~Policy Analysis~~ may apply for, and receive, and accept grants,
356 gifts, and other payments, including property and services, from
357 ~~a any~~ governmental or other public or private entity or person
358 and make arrangements ~~for as to~~ the use of ~~such funds same,~~
359 including the undertaking of special studies and other projects
360 relating to health-care-related topics. ~~Funds obtained pursuant~~
361 ~~to this paragraph may not be used to offset annual~~
362 ~~appropriations from the General Revenue Fund.~~

363 (c) ~~The agency shall ensure that a vendor who enters into~~
364 ~~a contract with the state under this section does not inhibit or~~

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365 impede consumer access to state-collected health data and
366 information center may charge such reasonable fees for services
367 as the agency prescribes by rule. The established fees may not
368 exceed the reasonable cost for such services. Fees collected may
369 not be used to offset annual appropriations from the General
370 Revenue Fund.

371 (8) STATE CONSUMER HEALTH INFORMATION AND POLICY ADVISORY
372 COUNCIL.

373 (a) There is established in the agency the State Consumer
374 Health Information and Policy Advisory Council to assist the
375 center in reviewing the comprehensive health information system,
376 including the identification, collection, standardization,
377 sharing, and coordination of health related data, fraud and
378 abuse data, and professional and facility licensing data among
379 federal, state, local, and private entities and to recommend
380 improvements for purposes of public health, policy analysis, and
381 transparency of consumer health care information. The council
382 shall consist of the following members:

383 1. An employee of the Executive Office of the Governor, to
384 be appointed by the Governor.

385 2. An employee of the Office of Insurance Regulation, to
386 be appointed by the director of the office.

387 3. An employee of the Department of Education, to be
388 appointed by the Commissioner of Education.

389 4. Ten persons, to be appointed by the Secretary of Health
390 Care Administration, representing other state and local
391 agencies, state universities, business and health coalitions,
392 local health councils, professional health care related

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393 associations, consumers, and purchasers.

394 (b) Each member of the council shall be appointed to serve
395 for a term of 2 years following the date of appointment, except
396 the term of appointment shall end 3 years following the date of
397 appointment for members appointed in 2003, 2004, and 2005. A
398 vacancy shall be filled by appointment for the remainder of the
399 term, and each appointing authority retains the right to
400 reappoint members whose terms of appointment have expired.

401 (c) The council may meet at the call of its chair, at the
402 request of the agency, or at the request of a majority of its
403 membership, but the council must meet at least quarterly.

404 (d) Members shall elect a chair and vice chair annually.

405 (e) A majority of the members constitutes a quorum, and
406 the affirmative vote of a majority of a quorum is necessary to
407 take action.

408 (f) The council shall maintain minutes of each meeting and
409 shall make such minutes available to any person.

410 (g) Members of the council shall serve without
411 compensation but shall be entitled to receive reimbursement for
412 per diem and travel expenses as provided in s. 112.061.

413 (h) The council's duties and responsibilities include, but
414 are not limited to, the following:

415 1. To develop a mission statement, goals, and a plan of
416 action for the identification, collection, standardization,
417 sharing, and coordination of health-related data across federal,
418 state, and local government and private sector entities.

419 2. To develop a review process to ensure cooperative
420 planning among agencies that collect or maintain health-related

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421 ~~data.~~

422 ~~3. To create ad hoc issue-oriented technical workgroups on~~

423 ~~an as-needed basis to make recommendations to the council.~~

424 ~~(9) APPLICATION TO OTHER AGENCIES. Nothing in this section~~

425 ~~shall limit, restrict, affect, or control the collection,~~

426 ~~analysis, release, or publication of data by any state agency~~

427 ~~pursuant to its statutory authority, duties, or~~

428 ~~responsibilities.~~

429 Section 2. Paragraph (c) of subsection (4) of section
430 381.026, Florida Statutes, is amended to read:

431 381.026 Florida Patient's Bill of Rights and
432 Responsibilities.—

433 (4) RIGHTS OF PATIENTS.—Each health care facility or
434 provider shall observe the following standards:

435 (c) *Financial information and disclosure.*—

436 1. A patient has the right to be given, upon request, by
437 the responsible provider, his or her designee, or a
438 representative of the health care facility full information and
439 necessary counseling on the availability of known financial
440 resources for the patient's health care.

441 2. A health care provider or a health care facility shall,
442 upon request, disclose to each patient who is eligible for
443 Medicare, before treatment, whether the health care provider or
444 the health care facility in which the patient is receiving
445 medical services accepts assignment under Medicare reimbursement
446 as payment in full for medical services and treatment rendered
447 in the health care provider's office or health care facility.

448 3. A primary care provider may publish a schedule of

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449 charges for the medical services that the provider offers to
450 patients. The schedule must include the prices charged to an
451 uninsured person paying for such services by cash, check, credit
452 card, or debit card. The schedule must be posted in a
453 conspicuous place in the reception area of the provider's office
454 and must include, but is not limited to, the 50 services most
455 frequently provided by the primary care provider. The schedule
456 may group services by three price levels, listing services in
457 each price level. The posting must be at least 15 square feet in
458 size. A primary care provider who publishes and maintains a
459 schedule of charges for medical services is exempt from the
460 license fee requirements for a single period of renewal of a
461 professional license under chapter 456 for that licensure term
462 and is exempt from the continuing education requirements of
463 chapter 456 and the rules implementing those requirements for a
464 single 2-year period.

465 4. If a primary care provider publishes a schedule of
466 charges pursuant to subparagraph 3., he or she must continually
467 post it at all times for the duration of active licensure in
468 this state when primary care services are provided to patients.
469 If a primary care provider fails to post the schedule of charges
470 in accordance with this subparagraph, the provider must shall be
471 ~~required to~~ pay any license fee and comply with any continuing
472 education requirements for which an exemption was received.

473 5. A health care provider or a health care facility shall,
474 upon request, furnish a person, before the provision of medical
475 services, a reasonable estimate of charges for such services.
476 The health care provider or the health care facility shall

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477 provide an uninsured person, before the provision of a planned
478 nonemergency medical service, a reasonable estimate of charges
479 for such service and information regarding the provider's or
480 facility's discount or charity policies for which the uninsured
481 person may be eligible. Such estimates by a primary care
482 provider must be consistent with the schedule posted under
483 subparagraph 3. To the extent possible, estimates shall, ~~to the~~
484 ~~extent possible,~~ be written in language comprehensible to an
485 ordinary layperson. Such reasonable estimate does not preclude
486 the health care provider or health care facility from exceeding
487 the estimate or making additional charges based on changes in
488 the patient's condition or treatment needs.

489 6. Each licensed facility not operated by the state shall
490 make available to the public on its Internet website or by other
491 electronic means a description of and a link to the performance
492 outcome and financial data that is published by the agency
~~pursuant to s. 408.05(3)(k).~~ The facility shall place a notice
493 in the reception area that such information is available
494 electronically and the website address. The licensed facility
495 may indicate that the pricing information is based on a
496 compilation of charges for the average patient and that each
497 patient's bill may vary from the average depending upon the
498 severity of illness and individual resources consumed. The
499 licensed facility may also indicate that the price of service is
500 negotiable for eligible patients based upon the patient's
501 ability to pay.

503 7. A patient has the right to receive a copy of an
504 itemized bill upon request. A patient has a right to be given an

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505 explanation of charges upon request.

506 Section 3. Subsection (11) of section 395.301, Florida
507 Statutes, is amended to read:

508 395.301 Itemized patient bill; form and content prescribed
509 by the agency.—

510 (11) Each licensed facility shall make available on its
511 Internet website a link to the performance outcome and financial
512 data that is published by the Agency for Health Care
513 Administration ~~pursuant to s. 408.05(3)(k)~~. The facility shall
514 place a notice in the reception area that the information is
515 available electronically and the facility's Internet website
516 address.

517 Section 4. Section 465.0244, Florida Statutes, is amended
518 to read:

519 465.0244 Information disclosure.—Every pharmacy shall make
520 available on its Internet website a link to the performance
521 outcome and financial data that is published by the Agency for
522 Health Care Administration ~~pursuant to s. 408.05(3)(k)~~ and shall
523 place in the area where customers receive filled prescriptions
524 notice that such information is available electronically and the
525 address of its Internet website.

526 Section 5. Subsection (2) of section 627.6499, Florida
527 Statutes, is amended to read:

528 627.6499 Reporting by insurers and third-party
529 administrators.—

530 (2) Each health insurance issuer shall make available on
531 its Internet website a link to the performance outcome and
532 financial data that is published by the Agency for Health Care

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533 Administration ~~pursuant to s. 408.05(3)(k)~~ and shall include in
534 every policy delivered or issued for delivery to any person in
535 the state or ~~any~~ materials provided as required by s. 627.64725
536 notice that such information is available electronically and the
537 address of its Internet website.

538 Section 6. Subsection (7) of section 641.54, Florida
539 Statutes, is amended to read:

540 641.54 Information disclosure.—

541 (7) Each health maintenance organization shall make
542 available on its Internet website a link to the performance
543 outcome and financial data that is published by the Agency for
544 Health Care Administration ~~pursuant to s. 408.05(3)(k)~~ and shall
545 include in every policy delivered or issued for delivery to any
546 person in the state or ~~any~~ materials provided as required by s.
547 627.64725 notice that such information is available
548 electronically and the address of its Internet website.

549 Section 7. This act shall take effect July 1, 2013.

550
551
552